Caribbean Basin & Hispanic ATTC
2012 Regional Workforce Report

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At the time of this publication, Pamela Hyde, J.D., served as SAMSHA Administrator. Peter Delany, Ph.D., LCSW-CH, served as CSAT Director; Andrea Kopstein, Ph.D., M.P.H., served as Director of CSAT’s Division of Services Improvement; and Donna Doolin, LSCSW, served as the CSAT Project Officer for the ATTC Network.

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VITAL SIGNS:
Taking the Pulse of the Addiction Treatment Profession
The survey findings in this report represent the workforce in both Puerto Rico and the U.S. Virgin Islands, United States territories in the Caribbean region. According to the U. S. Census Bureau (2012), Puerto Rico has a population of 3,725,789 and a population density of 1,088.2 people per square mile. Median age in Puerto Rico is 36.9 years, with 48% male, and 99% Hispanic or Latino. The U.S. Virgin Islands is comprised of three main islands Saint Croix, Saint John, and Saint Thomas with a population of 106,405 (U.S. Census Bureau, 2011) and an estimated population density of 100.6 people per square mile. Median age in U.S. Virgin Islands is 39.8 years, with 49% male (U.S. Administration on Aging, 2011), mostly of Afro-Caribbean descents 76% (U.S. Census Bureau, 2002).

A total of 151 out of 156 (97%) substance abuse treatment centers in Puerto Rico and 2 out of 3 (67%) in U.S. Virgin Islands participated in the National Survey of Substance Abuse Treatment Services (N-SSATS) (Substance Abuse and Mental Health Services Administration [SAMHSA], 2009). From the 151 facilities in Puerto Rico, 111 (73.5%) were private non-profit, 18 (11.9%) private for-profit, 21 (13.9%) state government, and 2 (1.3%) federal government (SAMHSA, 2008a). Most of these facilities were located at the metropolitan area. The primary focus of those treatment facilities was to provide substance abuse treatment services (84.8%) and a mix of mental health and substance abuse services (12.6%). Client drug abuse was the principal problem addressed by 94% of these facilities. In March 2008, SAMHSA reported that 9,629 (73.5%) clients receiving services were treated for drug abuse (SAMHSA, 2008a). In terms of treatment facilities in the U.S. Virgin Islands, one was private for-profit and another was government run. Main offices for those facilities are located in Saint Croix, but all three Islands are served. Both facilities provide a mix of mental health and substance abuse treatment services. Clients with just alcohol or drug abuse as well as co-occurring alcohol and drug abuse are served in these facilities. A total of 34 out of 59 (58%) clients were treated for both alcohol and drug abuse, while 15 (25%) were treated for drug abuse only and 10 (17%) for alcohol abuse only (SAMHSA, 2008b).

Despite the availability of information on treatment facilities, data related to the workforce in these facilities is limited. Additionally, in the advent of health care reform in the United States, understanding the distribution and trends of the workforce is fundamental in order to prepare them to provide quality services. For these reasons and to gain a current perspective on the substance abuse treatment workforce and to systematically compare data from the state and national level, the Caribbean Basin and Hispanic ATTC Regional Center in coordination with the ATTC Network conducted an inaugural national workforce survey entitled “Vital signs: Taking the pulse of the addiction treatment profession”.

The survey collected data relative to workforce demographics and professional background; work of a clinical supervisor; clinical supervision practice; direct care staff characteristics; treatment facility characteristics; recruitment, retention and staff development; technology use; and staff competency related to diversity.
SECTION I

> STUDY METHODOLOGY

INTRODUCTION AND OVERVIEW OF DATA COLLECTION INSTRUMENT

This report provides regionally specific information related to the survey component of the national study, *Vital Signs: Taking the Pulse of the Addiction Treatment Profession*. The purpose of the Vital Signs study was to inform the development of strategies to successfully prepare, recruit and retain a sufficient number of professionals able to effectively care for individuals with substance use disorders. Although SAMHSA is the primary audience for the study’s findings, the ATTC Network expects that comprehensive, nationally representative data about the specialty SUD treatment workforce will be useful to Single State Agencies, provider and professional organizations, training and education entities, individuals in the workforce, and other stakeholders.

As part of the 2007-2012 ATTC cooperative agreements, SAMHSA charged the ATTC Network with the development and implementation of a nation-wide workforce study. SAMHSA instructed the ATTC Regional Centers to collect and report regional data from the study. Through an agency-wide workforce development workgroup, SAMHSA provided guidelines to the ATTC Network for conducting the study, including the primary questions to be answered:

- What are the basic demographics of the workforce?
- What are the common strategies and methodologies to prepare, retain, and maintain the workforce?
- What are the anticipated workforce development needs in the next five years?

Utilizing the SAMHSA guidelines and building on other workforce surveys, the ATTC Network designed a mixed-methods approach to answering the primary questions. The approach included the following components:

- survey of a nationally and regionally representative sample of clinical directors;
- national telephone interviews with clinical directors;
- national telephone interviews with thought leaders; and
- review of existing literature and data sets.

This regional report provides regionally specific information related to the clinical director survey. The specific objectives of this survey are to understand the demographics and professional background of the current workforce in each of the 14 ATTC regions of the 2007-2012 grant cycle, in addition to exploring issues related to clinical supervision, workforce development, workloads, staff training, recruitment and retention, technology, and staff competency related to diversity.
The Clinical Director Survey (Attachment 1) asked 57 questions of the clinical director or a designated direct care supervisor (direct care refers to staff members who spend a majority of their time providing clinical care for clients with substance use disorders as their primary diagnosis). For the purpose of this survey, clinical director is defined as the person whose role it is to oversee direct clinical service delivery for this facility. Clinical directors were selected due to the availability of a sampling frame for this population and the limited resources available for creating a sampling frame for direct care staff. Respondents were required to have administrative knowledge of personnel issues (related to demographics and recruitment and retention), but also some practical knowledge of everyday clinical activities (such as caseloads).

The core survey had eight sections: Demographics and Professional Background, which included questions on demographics, education/training, areas of licensure, and years of experience; Your Work, which included questions on hours worked, roles, setting, practice area, and salary; Clinical Supervision, which included questions on methods and time spent on different activities; Direct Care Staff, which included questions related to the demographics of direct care staff, education/training, areas of licensure, and years of experience; Your Treatment Facility, which included questions about staff roles and caseloads; Recruitment, Retention, and Staff Development, which included questions related to approaches toward retaining, recruiting, and developing and enhancing staff skills; Technology, which included questions related to access to technology and electronic healthcare records; and Staff Competency Related to Diversity, which included questions about gender and culturally responsive training and practice.

> SURVEY DESIGN
A team of researchers and workforce experts from the ATTC Network designed the survey building on questions included in other workforce questionnaires, including past ATTC regional workforce studies. The survey instrument was uploaded into a web-based software (Qualtrics) and was available in an on-line and paper format to all facilities. A small group of 9 potential respondents was chosen to consult and pre-test the survey instrument. These individuals provided feedback on the survey response burden, the quality of the questions, the quality of the response choices, and general thoughts about the information being gathered by the survey. Once the survey and questionnaire instruments were developed online, another small group of 9 individuals piloted the instrument to ensure there were no technical issues.

> SAMPLING UNIVERSE
As instructed by SAMHSA, the survey sampled facilities used in the Inventory of Substance Abuse Treatment Services (I-SATS) for the National Survey of Substance Abuse Treatment Services (N-SSATS). N-SSATS collects data from each physical location where treatment services are provided. Accordingly, a “facility” is defined as the point of delivery of substance abuse treatment services (i.e., physical location). Treatment facilities that are licensed, certified, or otherwise approved by the State substance abuse agency to provide substance abuse treatment make up the largest group of facilities. The survey also includes programs operated by Federal agencies—the Department of Veterans Affairs (VA), the Department of Defense,
and the Indian Health Service. Together, these facilities represent about 80 percent of the total. The remaining facilities included in N-SSATS are those that are not licensed or certified through the State substance abuse agencies or Federal agencies. These facilities are usually hospital-based or private-for-profit facilities. N-SSATS does not include treatment programs in facilities that have solo practitioners or in jails or prisons (p.89, National Survey of Substance Abuse Treatment Services (N-SSATS): 2008). Each year, new facilities are added to the I-SATS by State agencies or when they are identified by examination of databases such as the one maintained by the American Hospital Association (http://www.oas.samhsa.gov/2k3/NSSATS/NSSATS.pdf).

> SAMPLING METHODS

A dual sampling method was used to ensure a dataset that is representative both nationally (Phase 1) and, based on the 14 ATTC divisions of the 2007-2012 grant cycle, regionally (Phase 2). The purpose of this workforce data collection is to collect original data related to understanding and guiding America's SUD treatment workforce development efforts. The intent of the survey data is that it will be useful at both a national and regional (ATTC center) level. While a national dataset could show how effective staff perceive specific recruitment and retention strategies to be, a regional and national database could show which strategies work for specific populations and what professional development needs are both across the United States (US), but also in specific areas. This would allow for more targeted training and recruitment approaches that meet the needs of the current workforce while at the same time enabling the ATTC Network to prepare for future workforce needs identified by regions. In addition, study developers believed that having data that is useful to the regions would make it more likely that facilities would be encouraged to respond at higher rates to the invitation to participate and that results would be more likely to be used (and not shelved).

Phase 1: National Sample

**Brief overview**

The Phase 1 sample was a simple random national sample of 487 SUD treatment facilities. The simple random sample ensured a representative sample of United States SUD treatment organizations so that data from the survey could be generalized and used to provide a snapshot of the current state of the workforce across the country. The power of the survey sample is its ability to estimate the distribution of different characteristics in the SUD treatment workforce population by obtaining information from relatively few organizations. Decisions on final sample size to acquire a nationally representative sample were based on level of precision, anticipated response rates, and estimates of costs at different levels of precision.

Phase 2: Regionally Representative Sample

**Overview**

The Phase 2 sample allowed for targeted sampling of facilities across the 14 ATTC regions of the 2007-2012 grant cycle to enable comparisons across regions on specific variables, such as workforce turnover rates, success in recruitment strategies, and direct care staff demographics.
Phase 1 of this data collection involved a simple random sample of 487 SUD treatment facilities for a nationally representative sample. In Phase 2, this sample was supplemented by a stratified random sample that was regionally representative to ensure a minimum of 41 facilities for each region.

**Determining Sample Size**

As the regional dataset supplemented the national sample, sample sizes needed for each of the ATTC regions varied based on the initial respondents to the national simple random sample. In contrast to the national random sample that allowed every SUD treatment organization equal weighting to create a nationally representative sample, the regional sample sought equal variance across regions to allow for comparisons to be made. Creating equal sample sizes allowed ATTC Regional Centers to conduct their own analyses without the need for highly skilled statistical consultants.

To determine sample size, a conservative analysis of covariance (ANCOVA) model with fixed effects, main effects, and interactions was utilized using G*Power 3.1 (Faul, Erdfelder, Lang, & Buchner, 2007). This model was selected above a basic ANOVA as it allows for a more conservative estimate of the sample size needed. As questions regarding interventions and other strategies may arise post data collection, it is prudent to allow for a conservative sample in order to have the statistical power to defend comparisons at the regional level (Cohen, 1988).

Decisions on final sample size to acquire a regionally representative sample were based on level of precision, anticipated response rates, and estimates of costs at different levels of precision. Based on this ANCOVA model and using the same variance (50/50), sampling error range (±5%) and 95% confidence level as in the national sample, a range of sample estimates to demonstrate the sample size needed to detect small to medium effect sizes (0.15 to 0.25) resulted in a conservative decision to select at least 41 facilities per region.

**SAMPLING DESIGN**

After removing single provider facilities and facilities not currently providing substance abuse services, all 12,151 facilities in I-SATS were given independent identifiers and included in a general sampling frame that also denoted region and state. A random sample of 487 facilities was selected from this database using the independent identifiers. Once these 487 facilities were drawn and noted, the Phase 2 sample stratified facilities by ATTC region and ensured each region had a minimum of 41 facilities to create a regional sample with approximately equal sample sizes that could allow for regional comparisons (without using complex statistical techniques). Facilities were selected at random from within each regional stratification. The sample was then analyzed for duplicate names, which were eliminated and replaced with other randomly selected names. Table 1 shows the breakdown for the phase 1 (national) and phase 2 (regional) sample.
DATA COLLECTION PROTOCOLS

A team of researchers and workforce experts from the ATTC Network designed protocols for the data collection implementation process (Attachment 2). The protocols involved a three-tier contact approach that allowed ATTC Regional Centers to reach out to the executive directors listed in their sample and gather contact information for the clinical director (as defined by this study) related to the facility selected. The ATTC National Office provided randomly selected supplemental facilities when informed these facilities were no longer in operation by Regional Centers. As some of these facilities were no longer in operation and not all regions had the opportunity to reach out to their full sample, the final sample was reduced slightly in number from 657 to 631. These 631 clinical directors (or designated direct care supervisors) were then contacted and invited to participate in the on-line survey by the ATTC Regional Centers.

SURVEY RESPONSE RATES

Table 2 shows the final sample breakdown for the Caribbean Basin and Hispanic ATTC region. The average response rate across all regions was 88%.

<table>
<thead>
<tr>
<th>REGION NAME</th>
<th>NATIONAL</th>
<th>REGIONAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean Basin and Hispanic (PR, VI)</td>
<td>31</td>
<td>10</td>
<td>41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REGION NAME</th>
<th>TOTAL NUMBER</th>
<th>NUMBER OF RESPONSES</th>
<th>RESPONSE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean Basin and Hispanic (PR, VI)</td>
<td>41</td>
<td>37</td>
<td>90%</td>
</tr>
</tbody>
</table>
SECTION I

FINAL SURVEY DATASET EXCLUSION AND FILTERING

The initial data were cleaned for invalid responses, missing data, and incomplete survey responses. If respondents were missing more than 30% of the survey questions and/or essential information related to direct care staff, then responses were deemed invalid. 140 responses were removed from the original dataset to create a final dataset of 491 respondents. Table 3 shows the valid responses for the Caribbean Basin and Hispanic ATTC region.

**TABLE 3:** Valid Responses by Caribbean Basin and Hispanic ATTC Region

<table>
<thead>
<tr>
<th>REGION NAME</th>
<th>VALID RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean Basin and Hispanic (PR, VI)</td>
<td>37</td>
</tr>
</tbody>
</table>

SURVEY DATA ANALYSIS

Data were primarily analyzed using Qualtrics reporting and Excel functions. A number of variables were transformed (such as age measured by last two years of birth) to enable averages and percentages to be calculated in Excel. All variables were analyzed at the national and regional level. All variables were analyzed based on responses to the data except where the variable needed a proxy number, such as number of staff in recovery. In these instances, total responses to direct care staff numbers (full time/part-time/PRN) reported was the number used as a proxy. Each ATTC Regional Center received a copy of the appropriate cleaned regional dataset (devoid of any contact information beyond state and region) and a full set of descriptive data tables for each variable in the survey.
SECTION II

> DEMOGRAPHICS AND PROFESSIONAL BACKGROUND

This section presents a series of figures and tables that report demographic and professional background information of clinical directors. In general, clinical directors were female (74%) and 50 years or older (67%). A total of 92% are Hispanic/Latino whereas 81% were white and 19% Black or African American. In terms of highest level of educational attainment, 33% reported having a high school diploma or equivalent, 22% some college but no degree, 17% master’s degree, and 17% had a doctoral degree. Among clinical directors 42% report choosing substance abuse as a second career, whilst 94% considered themselves likely to continue working for their current employer.

CHART 1: Gender Breakdown in Caribbean Basin and Hispanic ATTC Region

N=35

<table>
<thead>
<tr>
<th>Gender Distribution</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>74%</td>
</tr>
<tr>
<td>Male</td>
<td>26%</td>
</tr>
</tbody>
</table>

TABLE 4: Age group of respondents in the Caribbean Basin and Hispanic ATTC Region

N=30

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>DISTRIBUTION</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-29</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>30-34</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>35-39</td>
<td>3</td>
<td>10%</td>
</tr>
<tr>
<td>40-44</td>
<td>4</td>
<td>0%</td>
</tr>
<tr>
<td>45-49</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>50-54</td>
<td>10</td>
<td>33%</td>
</tr>
<tr>
<td>55-59</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>60-64</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>&gt;65</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
SECTION II

CHART 2: Hispanic distribution of respondents in the Caribbean Basin and Hispanic ATTC Region  
N=36

TABLE 5: Race of Respondents in the Caribbean Basin and Hispanic ATTC Region  
N=26

<table>
<thead>
<tr>
<th>RACE</th>
<th>DISTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>19%</td>
</tr>
<tr>
<td>White</td>
<td>81%</td>
</tr>
</tbody>
</table>

TABLE 6: Highest degree status distribution of respondents in the Caribbean Basin and Hispanic ATTC Region  
N=36

<table>
<thead>
<tr>
<th>HIGHEST DEGREE STATUS</th>
<th>DISTRIBUTION</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>No high school diploma or equivalent</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>High school diploma or equivalent</td>
<td>12</td>
<td>33%</td>
</tr>
<tr>
<td>Some college but no degree</td>
<td>8</td>
<td>22%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>6</td>
<td>17%</td>
</tr>
<tr>
<td>Doctoral degree or equivalent</td>
<td>4</td>
<td>11%</td>
</tr>
<tr>
<td>Doctor of Medicine</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>
SECTION II

ADDITIONAL CHARACTERISTICS
of WORKFORCE in the Caribbean Basin and Hispanic ATTC Region:

> Among clinical directors 64% reported being in recovery.
> The most common areas of licensure or certification for clinical directors are: substance abuse 53%, social work 14%, and general counseling 10%.
> Among those clinical directors that possess state/national licensure 2 out of 7 (29%) report only state level licensure and 5 out of 7 (71%) report only national level. None possess both certification levels.
> Average number of years of experience reported in substance abuse treatment by respondents is 11.0 years (SD = 9.9).
> Average number of years of experience reported in current employer/agency is 9.2 years (SD = 8.2).
> Average age of clinical directors in the region is 50.6 years (SD = 8.5).

**TABLE 7:** Substance Abuse as a Second Career by respondents in the Caribbean Basin and Hispanic ATTC Region  

<table>
<thead>
<tr>
<th>SUBSTANCE ABUSE AS SECOND CAREER</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>42%</td>
</tr>
<tr>
<td>No</td>
<td>58%</td>
</tr>
</tbody>
</table>

**TABLE 8:** Turnover likelihood for Clinical Directors in the Caribbean Basin and Hispanic ATTC Region

<table>
<thead>
<tr>
<th>TURNOVER</th>
<th>NOT AT ALL LIKELY</th>
<th>NOT LIKELY</th>
<th>NOT SURE</th>
<th>LIKELY</th>
<th>EXTREMELY LIKELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change jobs but stay at current agency</td>
<td>28.1%</td>
<td>43.8%</td>
<td>9.4%</td>
<td>6.3%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Change employer but stay in the field</td>
<td>28.1%</td>
<td>53.1%</td>
<td>9.4%</td>
<td>6.3%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Leave substance abuse treatment field</td>
<td>24.1%</td>
<td>65.5%</td>
<td>3.4%</td>
<td>6.9%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Continue working for current employer</td>
<td>2.9%</td>
<td>0.0%</td>
<td>2.9%</td>
<td>34.3%</td>
<td>60.0%</td>
</tr>
</tbody>
</table>
SECTION II

> THE WORK OF A CLINICAL SUPERVISOR

This section presents information related to the work environment of clinical supervisors including salary range, income satisfaction, employment status, and weekly effort per activities. Data shows that 54% of the clinical supervisors report annual salary range of $15,000 to $24,000 and the majority (88%) of clinical supervisors are employed full-time. Regarding income level, approximately 83% report that they received less than expected for their work. The majority of clinical supervisors’ time is spent on clinical supervision (28%), administrative tasks (19%), direct client therapeutic engagement (17%), and screening and assessments (10%).

**TABLE 9:** Annual salary range of clinical supervisors in the Caribbean Basin and Hispanic ATTC Region  \( N=35 \)

<table>
<thead>
<tr>
<th>SALARY</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000 per year (less than $1,250 per month)</td>
<td>14%</td>
</tr>
<tr>
<td>$15,000 to $24,999 per year ($1,250 to $2,083 per month)</td>
<td>54%</td>
</tr>
<tr>
<td>$25,000 to $34,999 per year ($2,084 to $2,916 per month)</td>
<td>9%</td>
</tr>
<tr>
<td>$35,000 to $44,999 per year ($2,917 to $3,479 per month)</td>
<td>0%</td>
</tr>
<tr>
<td>$45,000 to $54,999 per year ($4,584 to $5,415 per month)</td>
<td>3%</td>
</tr>
<tr>
<td>$55,000 to $64,999 per year ($4,584 to $5,415 per month)</td>
<td>14%</td>
</tr>
<tr>
<td>$65,000 to $74,999 per year ($5,416 to $6,250 per month)</td>
<td>3%</td>
</tr>
<tr>
<td>$75,000 per year or higher ($6,251 per month or higher)</td>
<td>0%</td>
</tr>
<tr>
<td>Prefer not to disclose</td>
<td>3%</td>
</tr>
</tbody>
</table>
SECTION II

CHART 3:  Average Percentage of Time Spent on Specific Activities in a Typical Week by Clinical Supervisors in the Caribbean Basin and Hispanic ATTC Region  
N=35

ADDITIONAL CHARACTERISTICS of the WORK OF CLINICAL SUPERVISORS in this Region:

> Clinical supervisors report that 88% are employed on a full time basis and 12% work under contract.
> Income satisfaction levels of clinical supervisors indicate that 83% feel that their income is less than expected, 17% report that it is about what expected, and no one in the Caribbean Basin and Hispanic region report that they are earning more than expected.
SECTION II

> CLINICAL SUPERVISION

In this section, clinical supervisors report that the most frequent activities performed in a typical clinical supervision session are discussing counselor problems or challenges (19%) and giving feedback on observed performance (19%). In terms of methods of conducting clinical supervision, 89% employ live observation followed by 31% that conduct chart review/review of progress notes. The majority of clinical supervisors (89%) engages in clinical supervision practice weekly and uses both individual and group clinical supervision session settings (94%).

CHART 4: Percentage of Time Spent on Activities during a Clinical Supervision Session in the Caribbean Basin and Hispanic ATTC Region N=36

![Chart showing percentage of time spent on various activities during clinical supervision sessions.]

TABLE 10: Methods Used to Conduct Clinical Supervision in the Caribbean Basin and Hispanic ATTC Region N=36

<table>
<thead>
<tr>
<th>METHOD</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Videotape review</td>
<td>3%</td>
</tr>
<tr>
<td>Audiotape review</td>
<td>0%</td>
</tr>
<tr>
<td>Live observation</td>
<td>89%</td>
</tr>
<tr>
<td>Chart review/review of progress notes</td>
<td>31%</td>
</tr>
<tr>
<td>Role play</td>
<td>17%</td>
</tr>
<tr>
<td>Other</td>
<td>28%</td>
</tr>
</tbody>
</table>

ADDITIONAL CHARACTERISTICS of CLINICAL SUPERVISION in this Region:

> Approximately 89% of clinical supervisors indicate providing clinical supervision weekly.
> The most common setting for providing clinical supervision is both individual and group clinical supervision (94%).
> DIRECT CARE STAFF

This section presents demographic and professional background information provided by clinical directors in relation to the direct care staff in their organizations. Data shows approximately 65% of direct care staff within treatment facilities work full time, a total of 232 direct care staff are considered Hispanic or Latino whereas 190 are white, 26 black, and 10 are unknown. Around 55% of direct care staff is female and 42% are currently certified/licensed, 33% never certified/licensed, and 11% pursuing certification/licensure. The most commonly reported degree status for direct care staff is a high school diploma or equivalent (29%) followed by bachelor degree (27%) and master’s degree (12%).

TABLE 11: Employment status of direct care staff reported by clinical directors in the Caribbean Basin and Hispanic ATTC Region  N=358

<table>
<thead>
<tr>
<th>DIRECT CARE STAFF</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td>65%</td>
</tr>
<tr>
<td>Part time</td>
<td>18%</td>
</tr>
<tr>
<td>On call or PRN</td>
<td>17%</td>
</tr>
</tbody>
</table>

CHART 5: Gender Breakdown of Direct Care Staff in the Caribbean Basin and Hispanic ATTC Region  N=318

- 55% Male
- 45% Female
SECTION II

TABLE 12: Highest degree status distribution of Direct Care Staff in the Caribbean Basin and Hispanic ATTC Region  \( N=235 \)

<table>
<thead>
<tr>
<th>STATUS</th>
<th>DISTRIBUTION</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>No high school diploma or equivalent</td>
<td>14</td>
<td>5%</td>
</tr>
<tr>
<td>High school diploma or equivalent</td>
<td>83</td>
<td>29%</td>
</tr>
<tr>
<td>Some college but no degree</td>
<td>17</td>
<td>6%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>33</td>
<td>12%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>77</td>
<td>27%</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>35</td>
<td>12%</td>
</tr>
<tr>
<td>Doctoral degree or equivalent</td>
<td>17</td>
<td>6%</td>
</tr>
<tr>
<td>Doctor of Medicine</td>
<td>8</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

TABLE 13: Certification/Licensure Status of Direct Care Staff in the Caribbean Basin and Hispanic ATTC Region  \( N=196 \)

<table>
<thead>
<tr>
<th>STATUS</th>
<th>DISTRIBUTION</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never certified/licensed</td>
<td>64</td>
<td>33%</td>
</tr>
<tr>
<td>Previously certified/licensed, but not currently</td>
<td>15</td>
<td>8%</td>
</tr>
<tr>
<td>Pursuing certification/licensure</td>
<td>21</td>
<td>11%</td>
</tr>
<tr>
<td>Certification/licensure pending</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Currently certified/ licensed</td>
<td>83</td>
<td>42%</td>
</tr>
<tr>
<td>Awaiting reciprocity</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>1%</td>
</tr>
</tbody>
</table>

ADDITIONAL CHARACTERISTICS of DIRECT CARE STAFF in this Region:

> A total of 71 out of 358 (20%) direct care staff are in recovery.
> The most commonly reported length of time working at the facility for direct care staff is 1-5 years with 29% followed by 5-10 years with 23%, and 10-15 years with 14%.
> The most frequent age range for direct care staff reported is 45-54 years with 37% followed by 35-44 years with 31% and 25-34 with 16%.
TREATMENT FACILITIES

This section presents information provided by clinical directors on the treatment facility at which they currently work. Results indicate that nurses (25%), social workers (14%), and counseling aides (11%) are the professions filling the roles of direct care staff in the region. In terms of caseload, within the last six months and by staff category, 40% of program directors serve among 10-20 clients and another 40% more than 30 clients. Among clinical directors 37% serve between 10-20 clients and another 37% serve more than 30 clients. Forty-two percent of certified counselors have a caseload of 1-10 clients; similar percentage, 41%, were observed among case managers; 41% of social workers frequently have a caseload of more than 30 clients. Nurses and peer recovery specialists show the highest percentages of professionals with caseload of more than 30 clients with 58% and 57% respectively reporting this situation.

CHART 6: Percentage of Staff by Role in the Caribbean Basin and Hispanic ATTC Region
N=253
TABLE 14: Average Client Caseload by Staff Category in the Caribbean Basin and Hispanic ATTC Region

\(N=35\)

<table>
<thead>
<tr>
<th>STAFF CATEGORY</th>
<th>0 CLIENTS</th>
<th>1-10 CLIENTS</th>
<th>10-20 CLIENTS</th>
<th>20-30 CLIENTS</th>
<th>30+ CLIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director (M=1.69)</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Clinical Supervisor (M=2.21)</td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Certified/licensed counselor (M=3.36)</td>
<td>1</td>
<td>8</td>
<td>4</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Case Manager (M=3.04)</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Counselor aide/ technician (M=1.69)</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Social worker (M=3.06)</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Nurse (M=2.82)</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Recovery/Peer recovery specialist (M=2.27)</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Non certified counselor (M=3.16)</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other (M=3.21)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

ADDITIONAL CHARACTERISTICS of TREATMENT FACILITIES in this Region:

> Approximately 69% of clinical supervisors perceived that caseloads are about right, 22% estimate that they are too large, while the remaining 9% do not know or considered them too small.

> About 94% of direct care personnel indicate not having the ability to bill for clinical supervision in the Region.
> RECRUITMENT, RETENTION AND STAFF DEVELOPMENT

According to data of treatment centers, it is estimated that on average, they are running at 86% capacity of staff. This percentage is calculated from the number of direct care staff currently employed (311) divided into the number of direct care staff needed to be fully staffed (362). These Centers also reported in the previous 12 months that 39 direct care staff left their facilities, while 223 were hired. This represents for this region a turnover rate of 13% and a new hire rate of 72%, respectively.

**TABLE 15: Staffing Needs at Treatment Facilities in the Caribbean Basin and Hispanic ATTC Region  \( N=37 \)**

<table>
<thead>
<tr>
<th>STAFFING NEEDS</th>
<th>NEED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of direct care staff let go from treatment facilities in the Caribbean Basin and Hispanic Region</td>
<td>1.0 (2.4)</td>
</tr>
<tr>
<td>Average number of direct care staff are currently employed at treatment facilities in the Caribbean Basin and Hispanic Region at the time of survey completion</td>
<td>8.4 (9.2)</td>
</tr>
</tbody>
</table>

**ADDITIONAL CHARACTERISTICS of RECRUITMENT, RETENTION AND STAFF DEVELOPMENT in this Region:**

> A total of 15 out of 30 respondents report difficulties in filling positions for direct care staff.
> The most commonly reported reason for having difficulty in filling positions is insufficient funding for open positions (77%).
> The most frequently used recruitment resource is informal contacts with 63% and the use of the facility’s mailing list with 31%.
> The most commonly reported strategy for developing direct care staff skills is by providing direct supervision (92%), ongoing staff training either in-service or off site, (86%), and new staff orientation (86%).
Access to technology and electronic health records (EHR) is explored in this section. Data shows that 30% of direct care staff and 43% of clinical directors report the use of Internet for web learning purposes (e.g., webinars, information gathering, research). In terms of email and Internet access, 47% of direct care staff have access to individual email accounts at work, and 53% have access to the Internet during work hours. Sixty percent of clinical directors have access to an individual email account at work. Approximately 11% of treatment facilities have access to an EHR system, of those, collecting patient demographics and using it for intake and assessment are the most frequent uses.

**TABLE 16:** Electronic Health Records Systems at Facilities in the Caribbean Basin and Hispanic ATTC Region  
*N=35*

<table>
<thead>
<tr>
<th>TECHNOLOGY ACCESS</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility does not have an EHR system</td>
<td>89%</td>
</tr>
<tr>
<td>EHR is used for intake and assessment</td>
<td>11%</td>
</tr>
<tr>
<td>EHR collects patient demographics</td>
<td>17%</td>
</tr>
<tr>
<td>EHR used for clinical notes</td>
<td>3%</td>
</tr>
<tr>
<td>EHR used for lab reports</td>
<td>0%</td>
</tr>
<tr>
<td>EHR used for discharge summaries</td>
<td>3%</td>
</tr>
<tr>
<td>EHR used for referrals</td>
<td>3%</td>
</tr>
</tbody>
</table>

**ADDITIONAL CHARACTERISTICS on TECHNOLOGY in this Region:**

> A total of 89% of treatment facilities in the Region do not have an EHR system.
> Among the most frequent reason reported for not having an EHR system clinical directors highlight concerns about the ongoing cost of maintaining an EHR system by 88%, amount of capital needed to purchase and implement an EHR system by 81%, and concerns about the lack of future support from vendors for upgrading and maintaining the EHR system by 69%.
> STAFF COMPETENCY RELATED TO DIVERSITY

This last section provides information regarding staff competency related to diversity. Among strategies treatment facilities use for being culturally competent in the provision of services, clinical directors emphasize that considering cultural and linguistic differences in developing treatment practices (94%), systematically reviewing procedures to ensure delivery of culturally competent services (89%), and provision of individual or group counseling in the languages of the service population (74%) are the most common. Having program forms and documents available in the languages of served population is the least used strategy (31%) for ensuring cultural competency in the region.

ADDITIONAL CHARACTERISTICS on TECHNOLOGY in this Region:

> Approximately 91% of treatment facilities have provided training for their staff on culturally responsive substance abuse treatment modalities.
> Specifically 68% of treatment facilities have provided training for staff on gender responsive substance abuse treatment.
CONCLUSION

This report presents information on clinical directors responding on behalf of their treatment facilities and workforce. Data indicate that clinical directors and direct care staff are mostly female, full-time position, Hispanic or Latino, and have a high school diploma or equivalent. Based on the information a gap in services provision by gender exist, since historically males are more likely to be engaged in substance abuse treatment services than females. Opportunities to continue providing training to the female workforce are necessary to ensure culturally appropriate services. In terms of educational attainment, a fertile ground exists to continue developing academic programs that will contribute to professionalize the field. Additionally, other professions such as nursing and social work are most prevalent among the workforce. This data presents the opportunity for these academic programs to include and adapt curricula introducing substance use disorders as a core component of these professions.

The majority of the workforce tends to be individuals over 35 years old. This finding suggests that universities may be able to begin to offer substance abuse counseling programs at an undergraduate level. Given that less than 50% of the direct care staff is certified, credentialing and licensure bodies may start working together to enforce requirements among employers to provide more quality in their services. Clinical supervision provides an excellent opportunity to offer quality clinical services, if it is offered in weekly individual and group sessions, rather than just every two weeks or when it is required. This implies that clinical supervision is a critical endeavor among treatment centers. Yet, the inability of billing for this practice in the region prevents the implementation of clinical supervision beyond basic requirements.

Although a low turnover rate is reported (13%), a new hire rate of 72% indicates that treatment facilities in this region experience constant changing staff dynamic. Staff development strategies are required to continue nurturing staff in local standards of practice and best evidence based practices available to provide adequate services. However, limited financial resources result in a consistent challenge for recruiting and hiring staff, in addition to widespread implementation of EHR. Recruitment of new staff is usually conducted by informal contacts and use of the organization’s mailing list. Exploring web-based classified and internships may be other underutilized sources of recruitment and can serve as tools to increase marketing. Less than 50% of treatment facilities use Internet as a web learning tool in their workplace. Increasing this use may provide professional development benefits for the organization, allowing educational and training programs a new avenue for reaching treatment staff.
> REFERENCES


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WORKFORCE SURVEY 2012

OMB Number: 0903-0328
Expiration date: 09-30-2014

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0328. Public reporting burden for this collection of information is estimated to average 45 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 8-1099, Rockville, Maryland, 20857.
CONTACT INFORMATION

We are going to ask you for the contact information for your facility so we have a record of participating facilities. The contact information of your facility will be kept separately from any data collected. All data will be aggregated at the regional level and/or state level (if a sufficient number of facilities in one state are collected to prevent any facility from being identified).

1.) Your Name ____________________________________________________________

2.) Name of Program ______________________________________________________

3.) Facility ______________________________________________________________

4.) Address _____________________________________________________________

5.) Address 2 ____________________________________________________________

6.) City ________________________________________________________________

7.) State ________________________________________________________________

8.) Zip Code ____________________________________________________________

9.) Email Address _________________________________________________________

10.) Phone Number ________________________________________________________

Please indicate the region for your facility (states are written in parentheses):

____ New England (ME, NH, VT, MA, CT, RI)
____ Northeast (NY, PA)
____ Central East (DC, DE, MD, NJ)
____ Mid-Atlantic (VA, KY, TN, WV)
____ Southeast (GA, SC, NC)
____ Southern Coast (AL, FL, MS)
____ Gulf Coast (TX, LA, NM)
____ Caribbean/Hispanic (PR, VI)
____ Mid-America (NE, MO, KS, OK, AR)
____ Prairielands (IA, ND, SD, MN, WI)
____ Great Lakes (IL, OH, IN, MI)
____ Mountain West (NV, MT, WY, UT, CO, ID)
____ Northwest Frontier (AK, WA, OR, HI, Pac. Isl.)
____ Pacific Southwest (CA, AZ)
DEMOGRAPHICS & PROFESSIONAL BACKGROUND

1.) Gender: _____ Female _____ Male

2.) Year of your birth: 19_____

3.) Are you Hispanic or Latino? _____ Yes _____ No

4.) Race: (Select one or more)
   ____ American Indian/Alaska Native
   ____ Asian
   ____ Native Hawaiian/Other Pacific Islander
   ____ Black or African American
   ____ White

5.) Military affiliation? (Please check only one)
   ____ No Affiliation
   ____ Reserve/National Guard
   ____ Active Duty
   ____ Veteran/Retired Military

6.) Highest degree status: (Please check only one)
   ____ No high school diploma or equivalent
   ____ High school diploma or equivalent
   ____ Some college, but no degree
   ____ Associate’s degree
   ____ Bachelor’s degree
   ____ Master’s degree
   ____ Doctoral degree or equivalent
   ____ Doctor of medicine
   ____ Other (Please specify)___________________________
7.) Would you describe yourself as a person in recovery?
   ____ Yes
   ____ No
   ____ I prefer not to disclose this information

8.) Please indicate below the areas of practice for which you are licensed or certified within the state in which you work:
   Yes __ No
   ____ ____ Substance Abuse Counseling
   ____ ____ Marriage & Family Therapy
   ____ ____ Social Work/Clinical Social Work
   ____ ____ School Psychology/Educational Psychology
   ____ ____ General Counseling
   ____ ____ Other (Please specify) __________________________

9.) Licensed or certified as a Clinical Supervisor?
    ____ No (Please specify reason) ______________________________
    (Please Go to question 10b)
    ____ Yes (Please go to question 10)

10.) Please indicate State and/or National Clinical Supervision certification/licensure
    ____ STATE certification/licensure
    OR
    ____ NATIONAL certification/licensure
    OR
    ____ NATIONAL and STATE certification/licensure

10b.) Please indicate whether Clinical Supervisor certification or licensure is available in your state.
    ____ Yes
    ____ No
11.) Currently registered in a formal program of study resulting in a certificate or academic degree:
___ Yes (Please specify) ________________________________
___ No

12.) Years of experience: (If less than one year, please record as one)

Number of years

12a.) In the social services field, other than in substance abuse treatment? _____
12b.) In the substance abuse treatment field? _____
12c.) At your current employer/agency? _____
12d.) In your current position? _____

13.) What is your official job title? ________________________________

14.) Is substance abuse treatment a second career for you? _____Yes _____ No

14a.) If yes, please specify your previous career: ________________________________

15.) Is your current place of employment the only substance abuse treatment agency for which you have worked?
___ Yes
___ No

16.) Within the next 12 months, how likely is it you will? (Please mark one response for each of the following items)

<table>
<thead>
<tr>
<th></th>
<th>Not at All Likely</th>
<th>Not Likely</th>
<th>Not Sure</th>
<th>Likely</th>
<th>Extremely Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>16a.) Change job but stay at current agency</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16b.) Change employer but stay in field</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16c.) Leave substance abuse treatment field</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16d.) Continue working for current employer</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
YOUR WORK

17.) Employment status – Are you considered a:
   ___ Full-Time ___ Part-time or ___ Contract employee?

18.) What is the annual salary for your current position?
(Please check only one of the categories below)
   ___ Less than $15,000 per year (less than $1,250 per month)
   ___ $15,000 to $24,999 per year ($1,250 to $2,083 per month)
   ___ $25,000 to $34,999 per year ($2,084 to $2,916 per month)
   ___ $35,000 to $44,999 per year ($2,917 to $3,479 per month)
   ___ $45,000 to $54,999 per year ($3,750 to $4,583 per month)
   ___ $55,000 to $64,999 per year ($4,584 to $5,415 per month)
   ___ $65,000 to $74,999 per year ($5,416 to $6,250 per month)
   ___ $75,000 per year or higher ($6,251 per month or higher)
   ___ I prefer not to disclose this information.

19.) At this point in my career, I am making (please fill in the blank):
   ___ much less than expected
   ___ less than expected
   ___ about what expected
   ___ more than expected
   ___ much more than expected
20.) What percentage of time do you spend in a typical week on the following activities? *(Numbers must add up to 100 percent)*

____ % Screening and assessments

____ % Direct client therapeutic engagement

____ % Clinical Supervision

____ % Administrative activities

____ % Other activities *(Please specify)*

100% Total

21.) How proficient are you in computers and web-based technologies for professional development?

Not at All

Not Proficient

Somewhat Proficient

Proficient

Extremely Proficient

1

2

3

4

5

CLINICAL SUPERVISION

22.) In what setting do you provide clinical supervision?

____ In individual clinical supervision sessions only

____ In group clinical supervision sessions only

____ In both individual and group clinical supervision sessions

23.) How frequently do you provide clinical supervision?

____ Only when there is a problem

____ Twice a year

____ Every two months

____ Once a month

____ Twice a month

____ Weekly
24.) What observation methods do you use for conducting clinical supervision? (check all that apply)

- Videotape Review
- Audiotape Review
- Live Observation
- Chart Review/Review of Progress Notes
- Roll play
- Other (Please specify) __________________________________________

25.) In a typical clinical supervision session, approximately what percentage of time do you spend on each of the following? (Numbers must add up to 100%)

- % Counselor case presentation
- % Reviewing treatment/discharge plans
- % Discussing counselor problems/challenges
- % Giving feedback on observed performance
- % Training/teaching specific counseling skills
- % Other ____________________________

100% Total

DIRECT CARE STAFF

Questions in this section are about the direct care staff you supervise. For the purposes of this survey, “direct care staff” are those staff members who spend a majority of their time providing clinical care for clients with substance use disorders as their primary diagnosis.

26.) Number of direct care staff you supervise? _____

26.b) How many are:

- Full-time staff
- Part-time staff
- On call or PRN (as needed) staff
27.) Number of direct care staff members who are:

___ Female  ___ Male

28.) Number of direct care staff members who are of the following age ranges?

___ 18-24
___ 25-34
___ 35-44
___ 45-54
___ 55-64
___ 65+
___ Unknown

29.) Number of direct care staff who are of Hispanic or Latino/a background: _____

30.) Number of direct care staff who are of the following races/ethnicities:
(Please count all staff who represent each category. This may mean counting certain staff twice if they represent more than one ethnic group. If you are unsure of a certain person’s race please tick “Missing”)

___ American Indian
___ Alaska Native
___ Asian American
___ Native Hawaiian/Other Pacific Islander
___ Black or African American
___ White
___ Missing
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31.) Number of direct care staff with one of the following military affiliations:
(Please only count each staff person once)

___ No Affiliation
___ Reserve/National Guard
___ Active Duty
___ Veteran/Retired Military
___ Do not know

32.) Number of direct care staff that you are aware are in recovery from a substance use disorder

___

33.) Number of direct care staff with the following certification and/or licensure status in the substance abuse treatment field:

___ Never certified/licensed
___ Previously certified/licensed, but not currently
___ Pursuing certification/licensure
___ Certification/licensure pending
___ Currently certified/licensed
___ Awaiting reciprocity
___ Unknown
34.) The choices in this question relate to the highest level of education achieved. Please indicate the number of direct care staff who fall into each category. *(Please count each staff member once)*

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Number of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>No high school diploma or equivalent</td>
<td>_____</td>
</tr>
<tr>
<td>High school diploma or equivalent</td>
<td>_____</td>
</tr>
<tr>
<td>Some college, but no degree</td>
<td>_____</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>_____</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>_____</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>_____</td>
</tr>
<tr>
<td>Doctoral degree or equivalent</td>
<td>_____</td>
</tr>
<tr>
<td>Doctor of medicine</td>
<td>_____</td>
</tr>
<tr>
<td>Unknown</td>
<td>_____</td>
</tr>
<tr>
<td>Other <em>(Please specify)</em></td>
<td>____________________________________________</td>
</tr>
</tbody>
</table>

35.) Number of direct care staff who have worked at your facility for each period of time. *(Please only count each staff person once)*

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Number of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>_____</td>
</tr>
<tr>
<td>1-5 years</td>
<td>_____</td>
</tr>
<tr>
<td>5-10 years</td>
<td>_____</td>
</tr>
<tr>
<td>10-15 years</td>
<td>_____</td>
</tr>
<tr>
<td>15-20 years</td>
<td>_____</td>
</tr>
<tr>
<td>20+ years</td>
<td>_____</td>
</tr>
<tr>
<td>Unknown</td>
<td>_____</td>
</tr>
</tbody>
</table>
YOUR TREATMENT FACILITY

Questions in this section should be completed only for the treatment facility or program at the location indicated on the front cover of this questionnaire.

For the purposes of this survey, “this facility” means the specific treatment facility or program whose name and location are printed on the front cover.

36.) Number of staff in your agency with the following roles:
   (Please only count each staff person once based on their main function)
   
   ____ Clinical Supervisor
   ____ Other Supervisor
   ____ Certified Counselor
   ____ Non-certified Counselor
   ____ Case Manager
   ____ Counselor Aide/Technician
   ____ Social Worker
   ____ Nurse
   ____ Recovery/peer support specialist
   ____ Other (Please specify) _____________________
37.) Over the past six months, what is the average client caseload carried by individuals in each of the following staff categories? *(Please place a check mark in the appropriate column for each staff category)*

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Average Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 CLIENTS</td>
</tr>
<tr>
<td></td>
<td>1-10 CLIENTS</td>
</tr>
<tr>
<td></td>
<td>10-20 CLIENTS</td>
</tr>
<tr>
<td></td>
<td>20-30 CLIENTS</td>
</tr>
<tr>
<td></td>
<td>30+ CLIENTS</td>
</tr>
<tr>
<td>Program Director</td>
<td></td>
</tr>
<tr>
<td>Clinical Supervisor</td>
<td></td>
</tr>
<tr>
<td>Certified/licensed counselor</td>
<td></td>
</tr>
<tr>
<td>Non-Certified counselor</td>
<td></td>
</tr>
<tr>
<td>Case manager</td>
<td></td>
</tr>
<tr>
<td>Counselor Aide/technician</td>
<td></td>
</tr>
<tr>
<td>Social worker</td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
</tr>
<tr>
<td>Recovery/peer support specialist</td>
<td></td>
</tr>
</tbody>
</table>

38.) Do you consider the caseload carried by direct care staff at your program to be:

- [ ] Too Small
- [ ] About Right
- [ ] Too Large
- [ ] Don’t know

39.) Total number of individuals in your facility who provide clinical supervision as part of their job function? ________

40.) Is your treatment facility able to bill for clinical supervision?

- [ ] Yes
- [ ] No
RECRUITMENT, RETENTION & STAFF DEVELOPMENT

For the purposes of this survey, “direct care staff” are those staff members who spend a majority of their time providing clinical care for clients with substance use disorders as their primary diagnosis.

41.) Please answer the following based on your facility’s full time positions over the past 12 months:

How many direct care staff are needed in order to be fully staffed at this program or facility? ____

How many direct care staff were hired for this program or facility? ____

How many direct care staff left (terminated, resigned, laid-off) from this program or facility? ____

On the date that you are completing this survey, how many direct care staff are employed for this program or facility? ____

42.) Does your facility have any difficulties filling open positions for direct care staff?

____ Yes  ____ No

If yes, why? (Please check all that apply.)

____ Insufficient number of applicants who meet minimum qualifications

____ Insufficient funding for open positions

____ Small applicant pool due to geographic area surrounding work setting

____ Lack of interest in position (nature of work, stigma)

____ Lack of interest in position (salary)

____ Lack of interest in location of facility

____ Reputation of the facility

____ Lack of opportunity for advancement

____ Don’t know

____ Other (Please specify) _______________________________________________________________
43.) If applicants do not meet the minimum qualifications, what are some of the reasons?  
(Please check all that apply.)

- Little or no experience in substance abuse treatment
- Insufficient or inadequate training and education
- Lack of social or interpersonal skills
- Lack of practical applied skills
- Lack of appropriate certification
- Don’t know
- Other (Please specify) ________________________________
- Not applicable, generally applicants are qualified

44.) Please indicate the degree to which you agree or disagree with the following statements about your facility’s recruitment strategies:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My facility has formalized relationships with community colleges and/or universities which provide internship and/or practica placements for students at this facility.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My facility has made a concerted effort to recruit individuals from under-represented groups (including minorities, LGBTQ, etc.) in the past year.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My facility’s efforts to recruit individuals from under-represented groups in the past year have been effective.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My facility has designated positions for peer-recovery specialists and/or other positions specifically for persons in recovery.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My facility has made a concerted effort to recruit individuals in recovery in the past year at this facility.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My facility’s efforts to recruit persons in recovery in the past year have been effective.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
45.) Of the new employees hired at this facility in the past 12 months, please identify the primary recruitment source(s): *(Please check all that apply)*

- [ ] Newspaper advertisement
- [ ] Web-based classifieds (e.g., Monster.com; Jobbing.doc, etc.)
- [ ] Informal contacts
- [ ] Professional placement agency/other external employment placement agency
- [ ] Agency-based internships or practica placements converted to employment positions
- [ ] Facility mailing list
- [ ] Universities and colleges
- [ ] Other *(Please specify):* __________________________________________________________

46.) Which of the following employee benefits are available in your facility? *(Please check all that apply)*

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Available for some, but not all permanent employees</th>
<th>Available all permanent employees</th>
<th>Not available at this facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid vacation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid sick time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flex time scheduling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group health insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement/Annuity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid educational assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
47.) In your opinion, how well does your facility do in implementing the following staff retention strategies?

<table>
<thead>
<tr>
<th>Staff Retention Strategies</th>
<th>Not well at all</th>
<th>Somewhat well</th>
<th>Not Sure</th>
<th>Well</th>
<th>Very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>More frequent salary increases</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mentoring opportunities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Individual recognition and appreciation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Opportunities for program input</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Varied work opportunities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Health coverage and other benefits</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Reduce paperwork burden</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Promote career growth</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Promotion opportunities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Access to ongoing training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Better management and supervision</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Supportive facility culture</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Physical work environment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Smaller caseloads</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Shorter hours/flextime/job sharing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
48.) How does your facility develop skills and enhance the abilities of direct care substance abuse treatment staff? (Please check all that apply)

____ Provides new staff orientation
____ Ongoing staff training (in-service, off site)
____ Offers in-house mentoring program
____ Provides direct supervision
____ Pays cost of continuing education
____ Don’t know
____ Other (Please specify) ____________________________________________________________
____ Has no method/program to develop skills of staff

49.) Which of the following barriers have you encountered in an effort to offer training and continuing educational opportunities to your staff in the past 12 months? (Please check all that apply)

____ There is a lack of available training opportunities, workshops, conferences and/or in-services educational opportunities.
____ The budget at this facility does not allow most program staff to attend trainings.
____ Topics presented at recent training workshops and conferences have been too limited.
____ Training opportunities take too much time away from the delivery of program services.
____ Training is not a priority at my work setting.
____ There are too few rewards for trying to change treatment or other procedures in my work setting.
____ Training opportunities are not local.
____ Other barriers (Please specify) ____________________________________________________________
____ None of the above
50. Please indicate the degree to which you agree or disagree that your staff need training in the following common practice areas.

<table>
<thead>
<tr>
<th>Area</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing client needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Using client assessments to guide clinical care and program decisions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Using client assessments to document client improvements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Matching client needs with services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Increasing program participation by clients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Improving rapport with clients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Improving client thinking and problem solving skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Improving behavioral management of clients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Improving cognitive focus of clients during group counseling</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Identifying and using evidence-based practices</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
51.) Please indicate the degree to which you agree or disagree with the following statements about your facility’s staff development strategies:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>This facility has formal policies that provide tuition reimbursement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>This facility has a formalized policy regarding continuing education</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>requirements for staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This facility has budgetary targets (set-asides) for continuing education</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>of staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This facility has a formalized strategy for career progression of staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>This facility provides a salary differential for bilingual staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**TECHNOLOGY**

52.) Does your facility have an electronic health records (EHR) system for encoding and tracking in the following areas. *(Please check all that apply):*

- [ ] My facility does not have an EHR system. *(Please proceed to question 53)*
- [ ] Intake/ Assessment
- [ ] Patient Demographics
- [ ] Clinical notes
- [ ] Lab Reports
- [ ] Discharge Summaries
- [ ] Referrals
53.) If your facility has NOT implemented an EHR system, please indicate which of the following are barriers to its implementation. *(Please check all that apply):*

___ The amount of capital needed to purchase and implement an EHR system
___ Uncertainty about the return on investment (ROI) from an EHR system
___ Concerns about the ongoing cost of maintaining an EHR system
___ Resistance to implementation from staff
___ Resistance to implementation from other providers
___ Lack of capacity to select, contract for, and implement an EHR system
___ Disruption in clinical care during implementation
___ Lack of adequate IT staff to implement and maintain an EHR system
___ Concerns about inappropriate disclosure of patient information
___ Concerns about illegal record tampering or “hacking”
___ Finding an EHR system that meets your organization’s needs
___ Concerns about a lack of future support from vendors for upgrading and maintaining the EHR system

54.) Please check all that apply regarding technology access at your facility.

___ I have access to an individual email account at work.
___ I have access to a shared email account at work.
___ I use the Internet for web learning (webinars, information gathering, research, etc.).
___ Direct care staff have access to the Internet during work hours.
___ Direct care staff have access to individual email accounts at work.
___ Direct care staff have access to shared email accounts at work.
___ Direct care staff use the Internet for web learning (webinars, information gathering, research, etc.).
### STAFF COMPETENCY RELATED TO DIVERSITY

55.) Over the past 12 months, has your facility provided training to staff on culturally responsive substance abuse treatment (e.g., values, principles, practices, and procedures)?

_____ Yes  _____ No

56.) Over the past 12 months, has your facility provided training to staff on gender responsive substance abuse treatment (e.g., values, principles, practices, and procedures)?

_____ Yes  _____ No

57.) Please indicate the degree to which you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My facility considers cultural and linguistic differences in developing treatment practices</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My facility systematically reviews procedures to ensure delivery of culturally competent services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My facility uses culturally and linguistically appropriate resource materials (including communication technologies) to inform diverse groups about substance use disorders</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My facility has program forms and documents available in the languages of our service population</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My facility provides individual or group counseling in the languages of our service population</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
**Executive Director Contact Protocol Waves**

**WAVE 1**
- **TIER 1**
  - Contact every 2nd day, up to 4 occasions
- **TIER 2**
  - Authority Contact — SSA or ATTC Director
    (use phone & email)

**WAVE 2**
- Repeat TIER 1 & TIER 2

**Non-responder**

15 business days
Contact made, ED **consents**

- Ask ED for CD contact info (nm, email, phone at each agency location, preferred/best method to contact CD, CD availability)

Contact made, ED **does not consent**

- Read marketing messages and respond to ED reservations

  - **ED consents**
    - TIER 2
    - **ED consents**
      - Document reason.
  - **No consent**
    - TIER 2
    - **No consent**
      - Document reason.

ED **nonresponsive/no contact**

- TIER 1 Strategies (contact every 2 days, up to 4 occasions)
  1. Speak w/ receptionist, ED assistant
  2. Get preferred method of contact, day, time

  - **ED consents**
    - TIER 2
    - **ED consents**
    - **No consent**
      - Document reason.
  - **No consent**
    - TIER 2
    - **ED still nonresponsive/no contact**

  - **10 business days**
    - **15 business days**
    - **5 business days**

Contact Clinical Director (CD)

**Non-responder**

**WAVE 2**
**METHOD 1: Email with Clinical Director**

> send email (use HTML without graphic) with “Read Receipt” message with 3 options:
1. Link to online survey (preferred).
2. Mail paper survey to CD with stamped, addressed return envelope.

---

**“Read Receipt” returned**

- CD responds w/ preferred method of survey completion
  - 10 business days
  - CD does not complete survey
    - 15 business days
    - CD completes survey
      - 15 business days
      - Non-responder

- 5 business days
  - CD does not respond
    - TIER 1
      - 10 business days
      - TIER 2
        - 5 business days
        - WAVE 2
          - 5 business days
          - WAVE 2
            - 5 business days
            - WAVE 2
              - 5 business days
              - TIER 2
                - 5 business days
                - TIER 1
                  - 5 business days
                  - Call & resend email to CD
                    - 5 business days
                    - TIER 1
                      - 10 business days
                      - TIER 2
                        - 5 business days
                        - WAVE 2
                          - 5 business days
                          - WAVE 2
                            - 5 business days
                            - TIER 2
                              - 5 business days
                              - CD does not complete survey
                                - 10 business days
                                - CD does not complete survey
                                  - 10 business days
                                  - CD does not complete survey
                                    - 10 business days
                                    - Non-responder
Clinical Director Contact Protocol

METHOD 2: Phone Call with Clinical Director
- phone call script will indicate the options available to complete survey
  1. Send link to online survey (preferred).
  2. Mail paper survey to CD with stamped/addressed return envelope to return to RC. RC will send all received surveys to ATTC National Office.

Contact w/ CD made and choice for completing survey identified

- Email link to web survey (BEST)
- Mail paper survey

No contact w/ CD (voicemail or receptionist)

- TIER 1 plus email (if have address)
- TIER 2

Email & call CD; use reminder script or short scripted voicemail

1. Email/phone call reminder
2. Reminder postcard

Survey completed

TIER 1

TIER 2

WAVE 2

Survey not completed

TIER 1 & ask how ATTC might assist

WAVE 2

Non-responder

5 business days

10 business days

5 business days

10 business days

15 business days